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EDITORIAL NOTES

MEDICAL DEFENSE NOTES.

Each month the JOURNAL will discuss some question relating to the Medical Defense work of the State Society and as these notes of information or discussion may be of the greatest interest to you at any time, you had better look for them. The most important point is, of course, for you to be sure that your dues are always paid up so that at no time are you delinquent; the Society will not defend any suit if the physician defendant was not paid up at the time the alleged malpractice occurred and also at the time when the suit is filed. The importance of paying your dues is of moment to you and not to the Society; the few dollarsthe four dollars, to be exact—is a mere drop in the bucket to the Society; but the cost of defending a suit would mean a good many hundred dollars to you. Of course, you may never be sued; and then again, you may be sued to-morrow. And just remember, too, that the State Society Medical Defense is real defense; it is not like insurance where the company will get out of defending a suit if it can by any technicality do so. We took charge of just such a case in San Francisco. The doctor was insured but on a technicality the company refused to defend him. The Society looked out for him, a demurrer was introduced and the case thrown out of court. On January 31st a judgment for \$3,000 was given against a physician in Los Angeles not a member of the Society but who had paid for "insurance" and was, more or less, defended by the insurance company. A couple of months before that another physician in the same place, Los Angeles, also defended by an insurance company, had a judgment against him of \$2,500. Does that sort of "insurance" do you much good?

On January 28th a most important suit against a member of the Society, Dr. C. A. Shepard, was begun in Los Angeles and lasted over a period of seven days' trial, resulting in a verdict for Dr. Shepard. The suit was for \$50,000 and it was alleged that he had fraudulently or untruthfully diagnosed a case of tuberculosis when in truth the patient did not have tuberculosis. We all know that it is of the greatest importance to the patient suffering from beginning tuberculosis to have the condition recognized early and long before the sputum is filled with bacilli. Had this most unjust suit been won by the plaintiff a number of similar suits would have been filed against physicians specializing in tuberculosis work and if we may judge by the results when such suits are defended by "insurance" companies, the plaintiff would have secured a verdict. Dr. Shepard writes: "I am proud to belong to a State Society that takes such good care of its members in such blackmail cases. The able defense put up by Mr. H. T. Morrow, the attorney for the Society, and the indefatigable efforts of the Secretary of the Los Angeles County Association, Dr. Geo. H. Kress, with the willing assistance of the members of the Society who left their offices and patients to testify on my behalf is certainly very gratifying." Is it better to keep your dues paid up and get this sort of defense or to let them lapse and depend on the

DID NOT UNDERSTAND.

chances of an "insurance" company's defense?

A number of our members seem to have quite misunderstood the suggestion made in the JOURNAL a month or so ago to the effect that the medical defense rules be changed so that suits based on fracture cases would not be defended unless the member had had a consultant at the time he set the fracture, or a good reason for not having had one. Some members thought that was an attempt to get out of defending a good many suits. Not at all; that idea was never dreamed of. The idea back of the suggestion was that it would make it so much easier to win these suits if another physician was present when the patient was treated and could testify to the fact that the fracture had been properly set and dressed. So many suits are coming along that we must do everything that we possibly can to protect ourselves and it was with the idea of making our own protection just so much more secure, that the suggestion was made. There has never been the slightest intimation on the part of any member of the Council, of the Medical Defense Committee, of the Secretary or of our attorneys that we should take advantage of technicalities to get out of defending suits or make any rules that would tend to that. On the contrary, a number of suits have been defended wherein the Society was not absolutely and according to the letter, obliged to undertake the work. But we have felt that it was a moral obligation and that it would be the wish of the members to construe the whole matter most liberally. For instance, we defended a suit against a doctor brought by the father of his patient; the father was violent and apparently insane and the doctor had him arrested for examination as to his sanity. He escaped and brought suit for damages against the doctor. He was not the doctor's patient and it was not "malpractice" but the doctor had got into the trouble in the regular course of his professional work and we all agreed that the Society should defend him. The case was two days and a half in court and the doctor won. Nufsed? That member might have had insurance in every company in existence but he would not have been defended by any of them; he would have had to pay for his own defense if he had not been a member of the State Society. Worthwile?

ALL'S WELL, THAT ENDS WELL.

About a year ago we were shocked to learn that the firm of Squibb had forsaken the principles which enabled its founder, Dr. E. R. Squibb, to build up the business which so long has enjoyed the complete confidence of the medical profession, and has gone into the proprietary medicine business. The proprietary which the firm was shown to be exploiting was not of the kind that most pharmaceutical houses feel justified or obliged to put out because "everybody's doing it," namely a shot-gun mixture ("ethical specialty") asserted to have been somebody's favorite prescription and provided with a therapeutic title. Instead, the Squibb proprietary belonged to the type which makes use of some drug whose action is well known and positive, to which some addition is made, which it was claimed vastly improves the previously used preparations of the medicament. As is customary in such cases, the preparation was marketed under vague and misleading claims as to composition, and provided with a misleading name. The preparation was called Thoremedin and on examination was found to be a sulphuric acid paste consisting of sulphuric acid, made into a paste with inert lead sulphate and "doctored up" with some radio-active earths, chiefly thorium sulphate. The nature of the preparation was brought out in a report by Dr. W. A. Pusey who, from experiments, became convinced that the preparation owed its virtues to sulphuric acid only. This was confirmed by the analysis made in the A. M. A. Laboratory (Jour. A. M. A., March 7, 1912, p. 716).

While so far the recited events are commonplace, the sequel is not. It shows that, though in new hands, the house of E. R. Squibb and Sons proposes to retain the confidence and respect of the medical profession.

Shortly after Pusey's article and the A. M. A. Chemical Laboratory analysis had appeared, the firm stated how it had come to be connected with the preparation—it was a story of a persuasive "promoter" and a few over-enthusiastic practitioners. At the same time the firm announced (Jour. A. M. A., April 13, 1912, p. 1135) that the product had been submitted to the Council on Pharmacy and Chemistry and that its sale would be discontinued, if the finding of Pusey—that radio-activity played no material part in its action—was confirmed by the Council.

The Council now has published its report (Jour. A. M. A., Feb. 8, 1913, p. 462) which is to the effect that, when tried side by side with a simple sulphuric acid mixture, experts were unable to distinguish any difference in action between these two preparations. Thoremedin thus having been shown to depend for its action on sulphuric acid, the claims to be unfounded and the name to be misleading, the house of Squibb announces that, in accordance with its agreement, it has now discontinued the sale of Thoremedin.

While the action of the firm is nothing more than what would be expected of a concern wishing to do an honest business, nevertheless, the temptations of proprietary exploitation nowadays are so great that the firm should be given credit for its action. Beyond this, however, the medical profession should feel satisfaction in the knowledge that there is at least one large pharmaceutical house which has in the past and no doubt will in the future, taboo the proprietary medicine business.

DISCOURAGING WORK.

The prosecution of illegal, unlicensed, practitioners of medicine is, in most places at least, a heart-breaking work. It is almost impossible to get a square deal in a police court; the evidence may be complete and without flaw, but for personal or political reasons the judge will discharge or suspend sentence or dismiss the case. In Los Angeles a lot of very good work has been done and good results have been obtained, but that was largely due to the tremendous energy of one man, Mr. Morrow, and to the fact that the city was so aggravatingly overrun with advertising quacks that the public—or a goodly portion of it—was disgusted and in sympathy. In Oakland some result has been obtained but only after great effort, at considerable expense and with many disheartening setbacks. As an illustration we publish, on another page, a portion of the record in the case against an unlicensed person who was convicted. It is illuminating. When a judge of a superior court will voice the sentiments which emanated from the court in this case, one may well say "what's the use!" and quit.

CHINESE MEDICINE.

The Pacific Coast members of the medical profession have had very definite notions concerning the absurdities of so-called Chinese medicine. Elsewhere in this issue is printed an article on the subject by a medical missionary, Dr. C. R. Roys of Wei-hsien, China, who discusses the subject from a wide and first hand knowledge. His paper on the subject is therefore of real value. Not the least of what Dr. Roys states is the point which he makes, judging from the newspaper advertisements and sign-board publicity of American patent medicines akin to those of the Chinese, that we of our own land are after all not so greatly superior to the heathen (?) upon whom we would look down with such scorn and pity.